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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any changes of address) 33647 7590 11/17/2004 ZIOLKOWSKI PATENT SOLUTIONS GROUP, LLC (ITW) 14135 NORTH CEDARBURG ROAD MEQUON, WI 53097 2/03/2004 BSAYASI2 00000021 10065774				Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, a have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsir transmitted to the USPTO (703) 746-4000, on the date indicated below.		
Xon.	a. Jelen	. , (Signet				
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/065,774				Л.	ITW7510.029	2408
TITLE OF INVENTION:	BLECTRICAL SRIELD FOR	a Welding ap	1 04/28	stment date: 12/0 2/2004 AWONDAF2 (0:1501	03/2004 BSAYASI2 00000066 10065774 -133 0. 00 OP	
APPLN. TYPE	SMALL ENTITY	issue f	BE PI	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$40		\$ 0	\$40	02/17/2005
EXA	EXAMINER		IT C	LASS-SUBCLASS		. •
NGO,	2831		174-00500R			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents, if po name is listed, no name will be printed. 1. Ziolkowski Patent 2. Solutions Group, LLC			
	D RESIDENCE DATA TO B					
PLEASE NOTE: Unles recordation as set forth i (A) NAME OF ASSIGN				he patent. If an assig g an assignment. Y and STATE OR CO	gnee is identified below, the d	ocument has been filed
Illinois Tool Works Inc.				Glenview, IL		
Please check the appropriate	e assignee caregory or categor	ies (will not be pri	nted on the patem):	O Individual 🖾	Corporation or other private gro	oup entity 🚨 Governme
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